

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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CITY OF IRWINDALE
CITY CLERK'S DEPT.

NAME OF FILER (LAST) ORTIZ (FIRST) HECTOR MANUEL

1. Office, Agency, or Court

Agency Name

IRWINDALE CITY COUNCIL COUNCIL MEMBER
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of IRWINDALE ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is ____/____/____, through December 31, 2012.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- ☐ **Schedule A-1 - Investments** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached
☐ **Schedule B - Real Property** – schedule attached
☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☒ **Schedule D - Income - Gifts** – schedule attached
☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I am responsible for providing this information.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01-19-13
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name HECTOR "MANUEL" ORTIZ

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD:

FPPC Form 700 (2012/2013) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
HECTOR "MANUEL" ORTIZ	

▶ NAME OF SOURCE (Not an Acronym)
 ALESHIRE & WYNDELL LAW FIRM
 ADDRESS (Business Address Acceptable)
 18881 VON KARMAN AVE IRVINE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 SOCIAL EVENT (DINNER)
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 05/18/12 \$150 MEAL

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
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 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

Comments: _____